



# Overseas Student Health Cover (OSHC) Star Ratings

## What are the CANSTAR Overseas Student Health Cover Star Ratings?

CANSTAR's Overseas Student Health Cover (OSHC) Star Ratings use a sophisticated rating methodology to compare the health insurance policies offered to people coming to Australia to study. The ratings process is consistent with the pricing and features model of the CANSTAR star ratings.

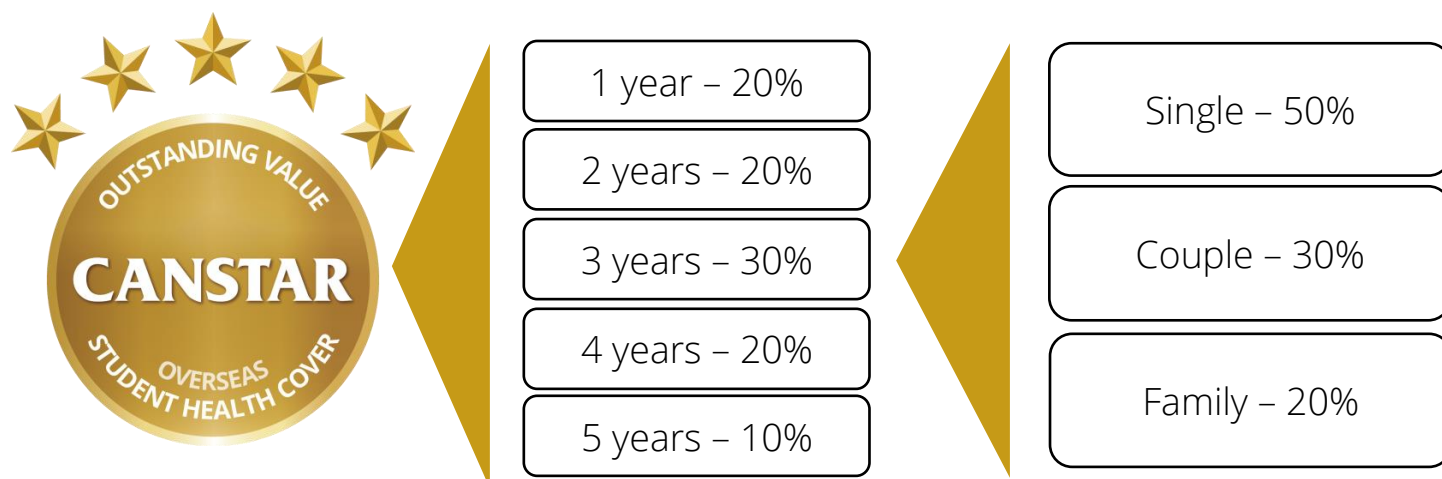
## What types of products are evaluated for CANSTAR's Overseas Student Health Cover Star Ratings?

To be included in the Star Ratings, providers of OSHC must be approved by the Australian Government Department of Health and Ageing. There are currently 5 such approved providers of OSHC.

Since students coming to Australia must have adequate health cover prearranged for the length of their student visa, CANSTAR evaluates policies based on their price for 1, 2, 3, 4, and 5 year cover – 5 years being the maximum length of a student visa. Only policies for a single student have been evaluated in these Star Ratings.

## How is the CANSTAR Overseas Student Health Cover Award calculated?

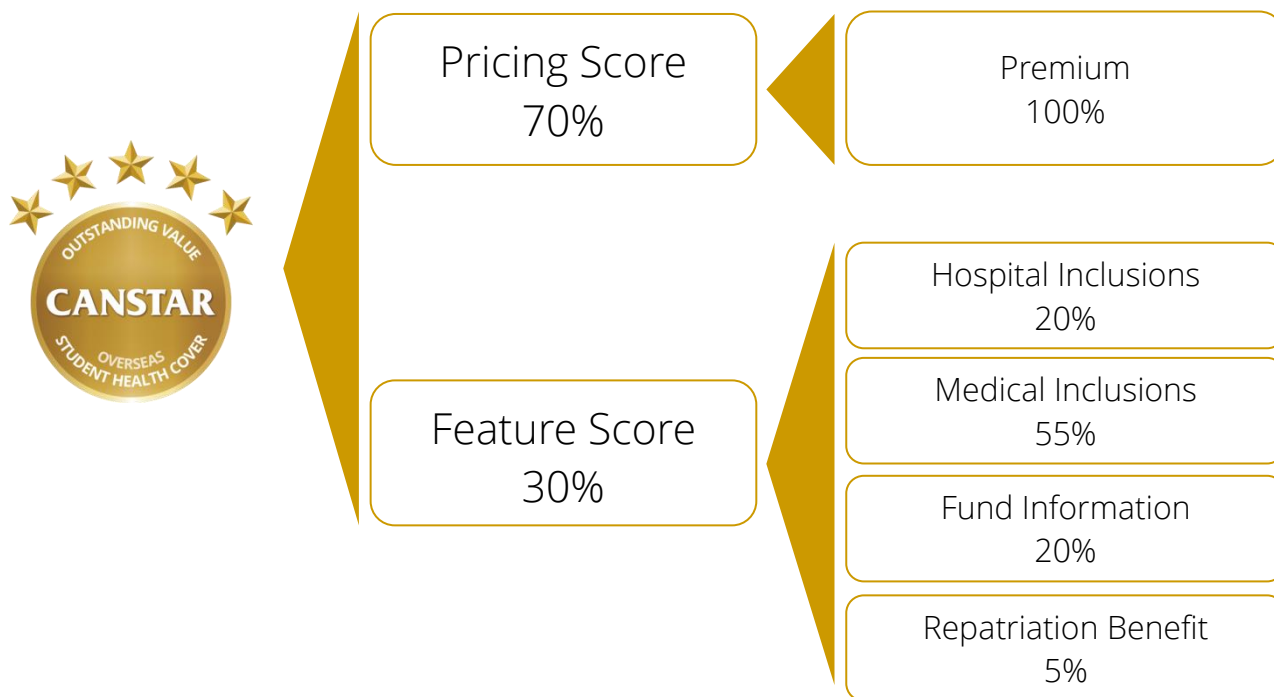
To arrive at the total score that makes up the award, CANSTAR uses a weighted average of the 5 different OSHC profiles.



## How are the CANSTAR Overseas Student Health Cover Star Ratings calculated?

Overseas Student Health Cover products are rated for a single student with different Star Ratings calculated depending on how long the policy is purchased for – from 1 to 5 years.

### Overall methodology

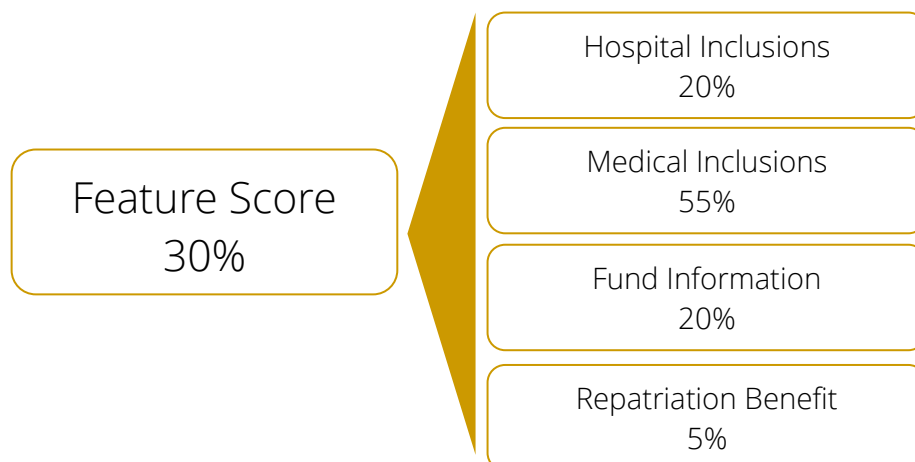


### Pricing Score

The base premium for health cover insurance products will be used as the main point of cost comparison. Peer products will be compared and the product with the lowest cost will be awarded the highest base premium score. All other peer products will be awarded a relative score based on their cost in comparison to the rest of the market.

### Feature Score

The feature score is calculated based on product-specific features and fund-specific features. The weights applied to the various feature categories are shown below.



## Hospital Inclusions

OSHC is a highly regulated form of health insurance, and levels of cover do not vary significantly between providers. This is because all in-hospital procedures that are on the Medicare Benefits Schedule (MBS), are required to be covered (waiting periods may apply for some procedures).

The hospital inclusions score recognises where policies may offer a higher level of cover for some procedures than what they are required to. The areas of focus are:

- Surgical removal of wisdom teeth
- In-vitro fertilisation
- Psychiatry
- Gastric Banding
- Podiatric Surgery

## Medical Inclusions (Out-of-hospital)

Policies vary in the types of out-of-hospital medical benefits that are payable and the levels of rebate provided. Rebates are based on the Medicare Benefits Schedule (MBS) fee. Since health care providers may charge more than this fee, the rebate from the insurer may not cover the entire fee charged. The difference between the fee and the rebate is known as a 'gap'. Since there are different benefit levels for different types of medical services, a weight is assigned each type of service.

Medical Inclusions	Weight
Specialist	15%
General Practitioner	20%
Radiology	15%
Pathology	15%
Prescription medicine (PBS)	25%
Direct billing practitioners	10%

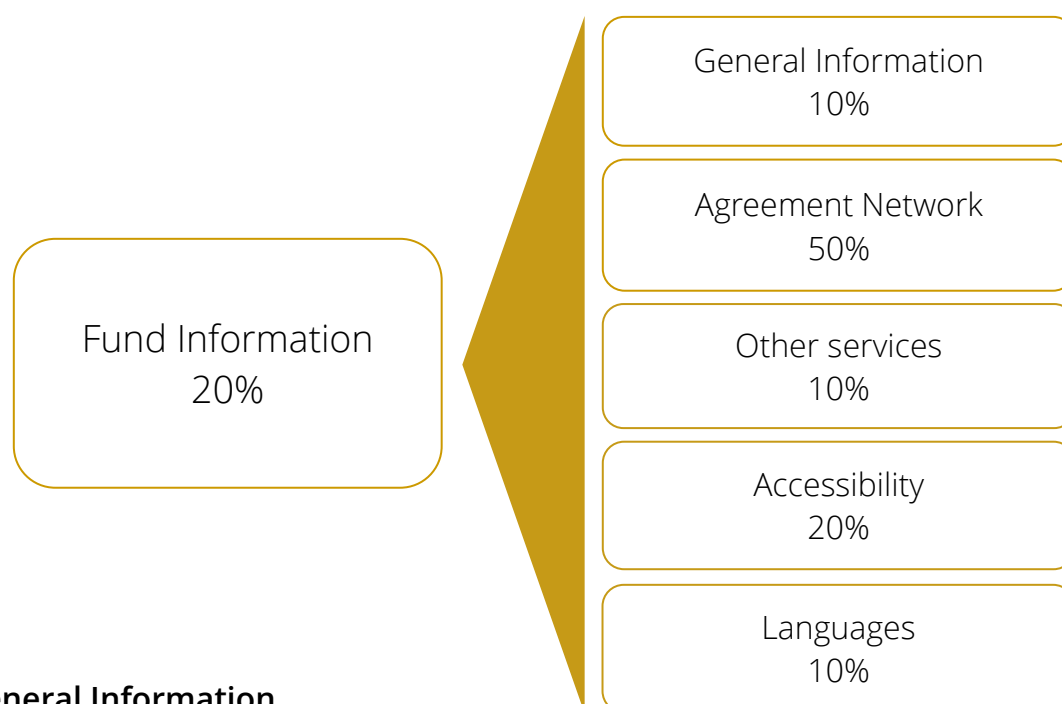
### Prescription medicines

Since the benefits payable on prescription medicines differ in their co-payments, benefit levels, and limits, a scenario has been designed to test the level of benefits offered by each product. The pharmacy benefits scenario is based on the weighted cost of redeeming the top 50 medicines on the Pharmaceutical Benefits Scheme (PBS) by volume. An average out-of-pocket amount is calculated based on 48 hypothetical patients requiring an average of 7 scripts per year with a standard deviation of 7 scripts.

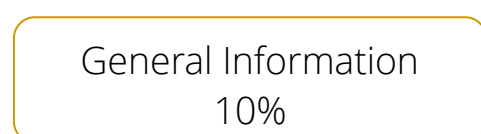
## Repatriation

Repatriation cover provides for an insurer to pay the cost of returning a person to their home country in some circumstances (for example, being diagnosed with a terminal illness). Products are scored on the level of cover they provide for repatriation.

## Fund Information



### General Information



This section includes general information relating to the health fund. This includes, but is not limited to, online application, direct debit payments, payment frequencies and maximum age of dependants.

### Agreement Network



#### *Agreement Private Hospitals & Day Hospitals*

The number of agreement hospitals available in a state represents the level of choice a patient has in health care providers ***that will not charge a gap fee.***

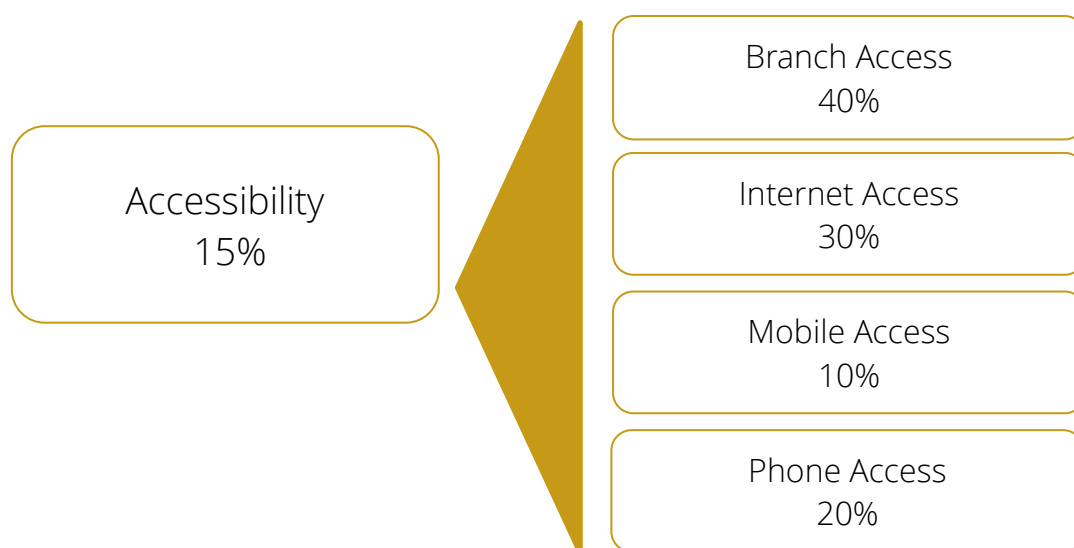
A weighted average of the number of private and day hospitals available to members of a fund is taken based on a state's population. The health fund that has the most total no-gap hospitals in that state will earn the maximum score towards all their eligible hospital cover products while all other health funds will be awarded a score based on their number of no-gap hospitals relative to the institution with the most no-gap arrangements.

## Other Services

This section looks at a number of additional services provided by the provider at a fund level. These additional services include:

- Health/nurses hotline – availability and hours of operation
- Home doctor services/after-hours doctors service – availability and hours of operation
- Wellness and health guides (electronic or hard copy)
- Pre/post-hospital services (e.g. obstetrics and cardiac)

## Accessibility



- **Branch Access:** The number of branches
- **Online Access:** Functionality online
- **Mobile Access:** Functionality through mobile application
- **Phone Access:** Functionality through call centre

## Languages

Funds are scored based on the number of different languages their website can be viewed in as well as if they have brochures for health cover available on their website in languages other than English.

## How often are all the products reviewed for rating purposes?

All ratings are recalculated annually based on the latest features offered by each provider. CANSTAR also monitors changes on an ongoing basis. The results are published in a variety of mediums (newspapers, magazine, television, websites, etc.).

## Does CANSTAR rate all products available in the market?

We endeavour to include the majority of product providers in the market and to compare the product features most relevant to consumers in our ratings. However, this process is not always possible and it may be that not every product in the market is included in the rating nor every feature compared that is relevant to you.

## Does CANSTAR rate other product areas?

CANSTAR researches, compares and rates the suite of banking and insurance products listed below. These star ratings use similar methodologies to guarantee quality, consistency and transparency. Results are freely available to consumers who use the star ratings as a guide to product excellence. The use of similar star ratings logos also builds consumer recognition of quality products across all categories. Please access the CANSTAR website at [www.canstar.com.au](http://www.canstar.com.au) if you would like to view the latest star ratings reports of interest.



- Account based pensions
- Business life insurance
- Deposit accounts
- Health insurance
- Landlord insurance
- Margin lending
- Package banking
- Reward programs
- Travel insurance
- Agribusiness
- Car insurance
- Direct life insurance
- Home & contents
- Life insurance
- Online banking
- Personal loans
- Superannuation
- Travel money cards
- Business banking
- Credit cards
- First home buyer
- Home loans
- Managed investments
- Online share trading
- Pet insurance
- Term deposits
- Youth banking

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